## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

**Application or Docket Number** 

Lifective October 1, 2000								09728977					
		CLAIMS A	S FILED (Column			ımn 2)		MALL E		OR	OTHER	THAN ENTITY	
T	OTAL CLAIMS		3	<u> · · · </u>			-	RATE	FEE	<b>7</b>	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	<del></del>	OR	BASIC FEE		
TOTAL CHARGEABLE CLAIMS 3			3 mi	3 minus 20=		. 0		X\$ 9=			X\$18=		
INDEPENDENT CLAIMS			( minus 3 =		. 0		-	X40=		OR			
MULTIPLE DEPENDENT CLAIM PRES				RESENT				A4U=	<del>                                     </del>	OR	X80=	<b></b>	
* If the difference in column 1 is less than zero, enter						"O" in column 2				OR	+270=		
'	TOTALOR TOTAL								710.0				
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)							c	SMALL	ENTITY	OR	OTHER SMALL		
_	100 100 100 100 100 100 100 100 100 100	CLAIMS	SE PERCURA	HIGH	EST	(Column 3)	F	NALL	ADDI-		SIVIALL		
<b>AMENDMENT A</b>		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· 15	Minus	20	í	=	;	X\$ 9=		OR	X\$18=		
	Independent	1.5	Minus	<u>3</u>		= 2		X40=		OR	X80=	84.00	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							-135=		1 1	+270=	0 7.00	
							<u> </u>	TOTAL		OR		8// 40	
		ADDIT. FEE ADDIT. FEE								11			
<u> </u>	CLAIMS HIGHEST							<sub>Y</sub>	ADDI	<b>1</b>	μι		
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	DUSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 16	Minus	· 20	5	=	×	(\$ 9=		OR	X\$18=		
AME	Independent	NTATION OF MI	Minus	••• 5			<b>\</b>	<b>(40=</b>		OR	X80=	86-	
	THOTFIESE	NIATION OF WIL	DETIPLE DEP	ENDENT	CLAIM			135=	-		+270=		
							L	TOTAL		OR	TOTAL		
		<b>10.1</b>								OR ,	DDIT. FEE	86-	
_		(Column 1) CLAIMS	MARKET S	(Colum		(Column 3)							
AMENDMENIC		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA	R	ATE	ADDI- FEE		RATE	ADDI- TIONAL FEE	
2	Total	•	Minus	**		=	X	\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		=	-	40=		ŀ	X80=		
_	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	ENDENT	CLAIM		F			OR	700=		
٠,	•	nn 1 is less than th	e entry in colum	nn 2 write '	"O" in col:	ımn 3	L	35=		OR	+270=		
•••	f the "Highest Nur If the "Highest Nur	nber Previously Pa mber Previously Pa	id For" IN THIS id For" IN THIS	SPACE is SPACE is	less than	20, enter "20."	ADDI	TOTAL T. FEE			TOTAL DDIT. FEE		
	ine myriest num	ber Previously Paid	Ter (fotal or	independei	nt) is the I	highest number (	lound in	the appr	opriate box	in colu	mn 1.	3	
RN	PTO-875					<del></del>							